

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 9260	2. Fiscal Year Covered From: 1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing. Name Michael D Priester P.O. Box, Bldg., Room No., if any Street 1400 E. Pugh Dr. Suite #4 City Terre Haute State Indiana ZIP Code + 4 47802	4. Name, file number, and address of labor organization. Name Brotherhood of Locomotive Engineers and Trainmen Labor Organization File Number 012-439 P.O. Box, Building and Room Number, if any Street 1400 E. Pugh Dr. Suite #4 City Terre Haute State Indiana ZIP Code + 4 47802
5. Position in labor organization. General Chairman	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct and complete. (See the section on penalties in the instructions.)		
Signed <u>M. D. D. A. S.</u>	On <u>5-10-06</u>	<u>812-232-2977</u>
	Date	Telephone Number

Name of Person Filing	Michael D. Priester	File Number U-	9260
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>12.b. Amount.</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name See Attachment</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p> <p>See Attachment</p>
<p>13.b. Is the Business an Employer or Consultant ?</p> <p>See Attachment</p>	<p>14.b. Amount of payment.</p> <p>See Attachment</p>

Attachment "A"
Form LM-30 (Labor Organization Officer and Employee Report)
Fiscal Year: 01/01/2005 thru 12/31/2005

Reporting Labor Organization: Brotherhood of Locomotive Engineers and Trainmen (CPR/US, Metra North and ISRR)
 Labor Organization Officer: Michael D. Priester, General Chairman
 5-digit OLMS File Number: 012-439

13a. Name and Address of Employer/Labor Relations Consultant	13B. Business is an Employer/Consultant	Dates	14a. Nature of Payment	14b. Amount of Payments (TOTAL)
United Healthcare 450 Columbus Blvd. CTO3O-13NA Hartford, CT 06103	Employer	2/11/05 2/17/05	Golf Outings, fees & carts lunch (both dates)	\$767.50
Yaeger, Jungbauer, Barczak & Vucinovich, PLC 745 Kasota Ave. Minneapolis, MN	Employer	2/16/05 4/6/05	Dinner Dinner/entertainment/ Books & Briefcase	\$628.00
Rathmann & O'Brien LLC 1031 Lami St. St. Louis, MO 63104	Employer	5/2/05 5/3/05 5/4/05 10/17/05 10/18/05 10/19/05	Dinner Golf Outings, fees & carts (5 dates)	In excess of \$250.00 (combined)